PATENT APPLICATION FEE DETERMINATION R	ECORD
Effective December 29, 1999	

Application or Docket Number

09/530040

		CLA	MS AS	FILED	- PA	RTI.	•				<u></u>		
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMAL	LENTITY	OF		R THAN ENTITY
F	OR		NUMBE	R FILED		NUMBER	EXTRA	7	RATE	FEE	7	RATE	FEE
В	ASIC FEE		<b>4 8</b> .								OF	A 38 %	841
Ţ	OTAL CLAIMS		- 77	minus	s 20=	. 69		7	X\$ 9=		OF	X\$18=	1.711
IN	DEPENDENT (	CLAIMS	Ŕ	minu	s 3 =	. 5		7	X39=	<del> </del>	┤∽	<b></b>	100
MULTIPLE DEPENDENT CLAIM PRESENT								1	709=			X78≈	341
* If the difference in column 1 is less than zero, enter "0" in column 2								_	+130=	·	OR	+260=	h
$( \cdot \cdot$									TOTAL	<u> </u>	OR	TOTAL	1472
(Column 1) (Column 2) (Column 3)								<u>3)</u> .	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		REMA AFT AMEND	INING ER		PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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Ž	FIRST PRES	ENTATION			PENDE	NT CLAIM		-	X39=		OR	X78=	
								] [	+130=		OR	+260=	
							•	_	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Colun			(Co	lumn 2)	(Column 3			-	•	NOU11. 1 EE	
ENT B		CLAI REMAII AFTI AMENDI	NING ER		PRE	GHEST UMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENUMEN	Total	•	. N	linus	**		=	1	X\$ 9=	,	OR	X\$18=	ree
	Independent	•		Ainus · ·	***		8	<b>]</b> .	X39=			X78=	
	FIRST PRESE	NTATION	OF MUL	TIPLE DEF	PENDE	NT CLAIM		] ⊦			OR	×10-	
	•			•	•			L	+130=		OR	+260= :	
		•				•		A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
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		CLAIN REMAIN AFTE AMENDA	IING R		PRE	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	М	inus	••		= '	lΓ	X\$ 9= ·		OR	X\$18=	
L	Independent	•		linus ·	•••		=	]	X39=		ŀ	X78=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR		
									+130= '		OR	+260=	
, II	the entry in cohe	nn 1 ls lass	than the e	entry in cotes	mn 2 ==	tto 70° in and	mn 3		I		-,,	i.	
- 17	the entry in colur the "Highest Nur the "Highest Nur	nber Previo	usty Paid I	For IN-THIS	S SPACE	E is less than	20. enter "20	. AC	TOTAL DIT. FEE		L	TOTAL ODIT. FEE	